



**City of Rochester**  
**Building Safety Department**  
2122 Campus Dr SE, Suite 300  
Rochester MN 55904-4744  
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[www.rochestermn.gov](http://www.rochestermn.gov)

## SIGN Permit Application

Office Use Only

(3/05)

App. No. \_\_\_\_\_

Date \_\_\_\_\_ Tenant/Building Name \_\_\_\_\_

Site Address \_\_\_\_\_  
Number Street Suite/Unit No.

| Subdivision and/or Addition | Block | Lot | Plat | Parcel |
|-----------------------------|-------|-----|------|--------|
|                             |       |     |      |        |

Applicant is: ☐ Owner ☐ Contractor/Installer ☐ Other (describe) \_\_\_\_\_

|                                     |  |
|-------------------------------------|--|
| <b>Owner</b>                        | Name _____ Phone (____) _____<br>Last First MI<br>Address _____<br>City _____ State _____ Zip Code _____   |
| <b>Contractor</b>                   | Company _____ Phone (____) _____<br>Name _____ Roch. Contr. No. _____<br>Last First MI<br>Address _____ Sign Lic. No. _____<br>City _____ State _____ Zip Code _____   |
| <b>Engineer/<br/>Designer</b>       | Company _____ Phone (____) _____<br>Name _____ Registration No. _____<br>Last First MI (State of MN)<br>Address _____<br>City _____ State _____ Zip Code _____   |
| <b>Sign<br/>Type</b><br>(check one) | <input type="checkbox"/> Advertising Sign: A sign that directs attention to a business, service, event or location <u>not</u> related to or on the premises where the sign is located.<br><input type="checkbox"/> Business Sign: A sign that directs attention to a business, service, event, or commodity sold or conducted on the premises where the sign is located. |
| <b>Valuation</b>                    | Total valuation of work \$ _____ (materials and labor)   |

- All professional sign installers must be licensed by the City of Rochester
- Applications for sign permits must be accompanied by the following information:
  - 1) An accurately dimensioned site plan showing the proposed location of the sign on the property and/or wall elevation sketch (for wall sign only).
  - 2) An accurately dimensioned drawing of the sign indicating the following:
    - support system
    - sign material, dimensions and height
    - size of the lettering
    - content of the message on the sign
  - 3) A statement as to the type of lighting which will be used to illuminate the sign.  
(If illuminated, must be approved by a nationally recognized testing lab.)

**PLEASE CONTINUE ON OTHER SIDE**

**DESCRIPTION OF WORK** (Please complete appropriate section)

|                                   |   |
|-----------------------------------|---|
| <b>Advertising Sign</b><br>(R502) | Width _____ x Length _____ = Total Square Feet _____<br>Height _____<br><br>Sign Credit Number _____<br>or<br>Fee in Lieu of Credit _____ Date Paid _____ |
|-----------------------------------|---|

| <b>Business Sign</b><br>(R501)   | <b>Sign Type</b> (check one) <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Freestanding</td> <td><input type="checkbox"/> Auxiliary</td> <td><input type="checkbox"/> Sun Canopy</td> </tr> <tr> <td><input type="checkbox"/> Projecting</td> <td><input type="checkbox"/> Development</td> <td><input type="checkbox"/> Service Canopy</td> </tr> <tr> <td><input type="checkbox"/> Wall</td> <td><input type="checkbox"/> Church</td> <td><input type="checkbox"/> Roof</td> </tr> <tr> <td><input type="checkbox"/> Graphics</td> <td><input type="checkbox"/> Marquee</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Portable (Beginning Date) _____</td> <td colspan="2">(Ending Date) _____</td> </tr> <tr> <td><input type="checkbox"/> Novelty (Beginning Date) _____</td> <td colspan="2">(Ending Date) _____</td> </tr> </table><br>Width _____ x Length _____ = Total Square Feet _____<br>Height _____ | <input type="checkbox"/> Freestanding   | <input type="checkbox"/> Auxiliary | <input type="checkbox"/> Sun Canopy | <input type="checkbox"/> Projecting | <input type="checkbox"/> Development | <input type="checkbox"/> Service Canopy | <input type="checkbox"/> Wall | <input type="checkbox"/> Church | <input type="checkbox"/> Roof | <input type="checkbox"/> Graphics | <input type="checkbox"/> Marquee | <input type="checkbox"/> Unknown | <input type="checkbox"/> Portable (Beginning Date) _____ | (Ending Date) _____ |         | <input type="checkbox"/> Novelty (Beginning Date) _____ | (Ending Date) _____ |         |         |       |
|--|--|---|------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|---|-------------------------------|---------------------------------|-------------------------------|-----------------------------------|----------------------------------|----------------------------------|--|---------------------|---------|---|---------------------|---------|---------|-------|
| <input type="checkbox"/> Freestanding  | <input type="checkbox"/> Auxiliary   | <input type="checkbox"/> Sun Canopy     |                                    |                                     |                                     |                                      |   |                               |                                 |                               |                                   |                                  |                                  |  |                     |         |   |                     |         |         |       |
| <input type="checkbox"/> Projecting  | <input type="checkbox"/> Development   | <input type="checkbox"/> Service Canopy |                                    |                                     |                                     |                                      |   |                               |                                 |                               |                                   |                                  |                                  |  |                     |         |   |                     |         |         |       |
| <input type="checkbox"/> Wall  | <input type="checkbox"/> Church  | <input type="checkbox"/> Roof           |                                    |                                     |                                     |                                      |   |                               |                                 |                               |                                   |                                  |                                  |  |                     |         |   |                     |         |         |       |
| <input type="checkbox"/> Graphics  | <input type="checkbox"/> Marquee   | <input type="checkbox"/> Unknown        |                                    |                                     |                                     |                                      |   |                               |                                 |                               |                                   |                                  |                                  |  |                     |         |   |                     |         |         |       |
| <input type="checkbox"/> Portable (Beginning Date) _____   | (Ending Date) _____  |   |                                    |                                     |                                     |                                      |   |                               |                                 |                               |                                   |                                  |                                  |  |                     |         |   |                     |         |         |       |
| <input type="checkbox"/> Novelty (Beginning Date) _____  | (Ending Date) _____  |   |                                    |                                     |                                     |                                      |   |                               |                                 |                               |                                   |                                  |                                  |  |                     |         |   |                     |         |         |       |
| <b>List All Existing Signs on Premises:</b> (Add Additional Pages if Necessary) <table style="width: 100%; margin-top: 5px;"> <thead> <tr> <th style="text-align: center;">Type</th> <th style="text-align: center;">Size</th> <th style="text-align: center;">Sq. Feet</th> <th style="text-align: center;">Location Type</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">x _____</td> <td style="text-align: center;">= _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">x _____</td> <td style="text-align: center;">= _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">x _____</td> <td style="text-align: center;">= _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">x _____</td> <td style="text-align: center;">= _____</td> <td>_____</td> </tr> </tbody> </table> |  | Type                                    | Size                               | Sq. Feet                            | Location Type                       | _____                                | x _____                                 | = _____                       | _____                           | _____                         | x _____                           | = _____                          | _____                            | _____  | x _____             | = _____ | _____   | _____               | x _____ | = _____ | _____ |
| Type   | Size   | Sq. Feet                                | Location Type                      |                                     |                                     |                                      |   |                               |                                 |                               |                                   |                                  |                                  |  |                     |         |   |                     |         |         |       |
| _____  | x _____  | = _____                                 | _____                              |                                     |                                     |                                      |   |                               |                                 |                               |                                   |                                  |                                  |  |                     |         |   |                     |         |         |       |
| _____  | x _____  | = _____                                 | _____                              |                                     |                                     |                                      |   |                               |                                 |                               |                                   |                                  |                                  |  |                     |         |   |                     |         |         |       |
| _____  | x _____  | = _____                                 | _____                              |                                     |                                     |                                      |   |                               |                                 |                               |                                   |                                  |                                  |  |                     |         |   |                     |         |         |       |
| _____  | x _____  | = _____                                 | _____                              |                                     |                                     |                                      |   |                               |                                 |                               |                                   |                                  |                                  |  |                     |         |   |                     |         |         |       |

*I hereby apply for a sign permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and ordinances of the City of Rochester, including City Sales and Use Tax Ordinance 129.25. I understand this is not a permit but only an application for a permit and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).*

*I hereby certify that I am properly licensed as required by the City of Rochester.*

\_\_\_\_\_  
 Applicant's Signature Date

**DO NOT WRITE BELOW THIS LINE – Office Use Only** (3/05)

**ZONING REVIEW COMMENTS**

|   |                       |                                 |
|---|-----------------------|---------------------------------|
| <input type="checkbox"/> Site Plan              | Zoning District _____ | Flood Protection Required _____ |
| <input type="checkbox"/> Surveyor's Certificate | Flood District _____  | Flood Protection Elev. _____    |

Comments: \_\_\_\_\_

Sign Permit No. \_\_\_\_\_ Final Zoning Review Required ☐ Yes ☐ No

Zoning Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**FEE PARAMETERS**

Calculated Valuation \$ \_\_\_\_\_

☐ Plan Check Fee  
☐ Permit Fee  
☐ Investigative Fee  
☐ Zoning Fee

**REQUIRED INSPECTIONS**

☐ Footing  
☐ Framing  
☐ Special Inspections  
☐ Final  
☐ \_\_\_\_\_

Comments: \_\_\_\_\_

Permit Approved by: \_\_\_\_\_ Date: \_\_\_\_\_